Family & Couples Therapy Note Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

A family or couples therapy note documents a conjoint psychotherapy session, one where partners or family members attend together. It records who attended, the relational patterns addressed, interventions, each person's response, and progress toward treatment goals. In insurance-billed care it lives in the identified patient's record, so it must tell several people's story inside one person's chart.

Participants & session frame who was in the room decides the code

Do: record everyone present by first name and relationship, who was absent, and whether the identified patient attended; note start/stop times.

Pitfall: a note that never states whether the patient was present; 90847 and 90846 differ on exactly that line.

Session focus the identified patient anchors necessity

Do: state the issue worked this session and tie it to the identified patient's condition and treatment plan.

Pitfall: framing the session around "the relationship" alone; Medicare covers family work only as treatment of the patient's condition.

Interaction patterns process, not transcript

Do: describe the relational cycle in process language: who pursues, who withdraws, what triggers escalation.

Pitfall: verbatim arguments and blow-by-blow detail; records get requested in divorces, and a transcript reads as ammunition.

Interventions name what you did

Do: record the specific work: enactments, cycle de-escalation, communication or problem-solving training, reframing.

Pitfall: "provided couples therapy"; an intervention a reviewer cannot picture is an intervention they cannot credit.

Response & risk every attendee, every session

Do: note each attendee's response to the session and a safety statement, screening individually when conflict or history indicates.

Pitfall: risk silence, or screening only the identified patient; every person in the room is a clinical responsibility.

Progress & plan dated, specific, and who attends next

Do: link progress to the numbered treatment plan goal; record homework and who attends the next session.

Pitfall: a bare "continue couples work"; say what continuing is meant to change and for whom.

Before you sign

- [ ] Attendees listed with relationships; absences noted
- [ ] Patient-present status matches the code billed
- [ ] Focus tied to the identified patient's plan goal
- [ ] Patterns described as process, not transcript
- [ ] Response and safety noted for each attendee
- [ ] Session time recorded; 50-minute codes need support
- [ ] Signed with credentials, dated promptly

Drafting with AI

Capture 30 seconds of bullets after session: who attended, the cycle you worked, interventions, each person's response, risk, and the plan.

> *"Draft a couples therapy note from these bullets, EFT session 6 of 12, both partners present, worked the pursue-withdraw cycle around finances: …"*

Never paste client-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

200–500 words	10–15 min by hand	After every conjoint session	Care team · payers · legal reviewers
typical length	clinical team estimate	couples or family	who reads it

Full guide and sample note:
bastiongpt.com/template/couples-family-therapy-note

Family & Couples Therapy Note Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Client / identified patient (initials): | Date: | Session #: | Patient present: Y / N

Participants present (name & relationship): | Absent: | Start/stop times:

Type: couples / family | Approach (e.g., EFT, Gottman, structural, strategic):

SESSION · the shared work of everyone in the room

Session focus

Issue worked this session, tied to the identified patient's condition and plan

Interaction patterns observed

Relational cycle in process language: who pursues, who withdraws, what escalates

Interventions

Enactments, cycle de-escalation, communication or problem-solving training, reframing

ATTENDEES & PLAN · response and safety per person, then the medical-necessity chain

Response, mental status & risk

Each attendee's response to the session's work, observations, and a safety statement; screen individually when indicated

Progress toward plan goal(s)

Link this session to the numbered treatment plan goal

Plan & next steps

Homework, next session, who attends, any individual referrals

Clinician signature / credentials: | Date signed: